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7590 08/09/2004

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09/08/2004 LWONDIM2 00000091 10618555

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<i>Donald R. Schoonover</i>		(Depositor's name)
<i>Donald R. Schoonover</i>		(Signature)
<i>September 1, 2004</i>		(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/618,555	07/14/2003	Edgell R. Terry	1891524	5162

TITLE OF INVENTION: BALUSTER KIT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	11/09/2004
EXAMINER		ART UNIT	CLASS-SUBCLASS		
SLACK, NAOKO N		3635	052-720200		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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1 Donald R. Schoonover
2
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent); individual corporation or other private group entity government

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The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0961 (enclose an extra copy of this form).

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The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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(Authorized Signature)

(Date)

Donald R. Schoonover *September 1, 2004*

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